

EXHIBIT #28

520-2015-03582

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office – INTAKE
33 Whitehall Street, 5th Floor
New York, NY 10004

5 SEP 11 PM 2015
EEOC
NEW YORK DISTRICT OFFICE

RECEIVED

This agency enforces the laws against discrimination in employment based on race, color, religion, national origin, age, sex, disability, or genetic information. The event you are complaining about must have occurred within a maximum of 300 days of the filing of a charge. Our jurisdiction covers public and private employers with 15 or more employees (20 or more employees for age complaints), labor unions, and employment agencies located in New York State south of Albany. If you work for the Federal Government, you must first contact your agency's Equal Employment Office in order to file a complaint.

To better serve your interest and avoid delays in processing your complaint, please answer the following questions:

NAME: TINA MICHELLE BLAUNSTEIN

TEL. NO. WHERE WE CAN CONTACT YOU: 718 884-7222

A. What was the Latest or Most Recent Date of discrimination which you are alleging?

MARCH 13, 2015

B. Does your employer have fewer than 15 employees (20 for age complaints)?

Yes No X How many employees? 200+

C. Have you filed a complaint with another agency (such as the New York State Division of Human Rights or the New York City Commission on Human Rights)?

Yes No X

If Yes, Name of agency and date of filing:

R/A

D. Do you work for a Federal Government Agency (Such as the U.S. Postal Service?)

Yes No X

***IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE THE RECEPTIONIST, AS THE EEOC MAY NOT HAVE JURISDICTION OVER YOUR CLAIMS

If you answered NO to the above questions, please fill out the questionnaire and return it to the receptionist, who will give you further instructions about our procedures.

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4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved: i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: Am in DERAQI (A muslim) MBC A2 Anti-Semitic

Comment THAT I overheard Around Jan. 26/27/2011

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain): SEE ATTACHED PAPERS

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor) PLEASE SEE ATTACHED PAPERS

A. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

SEE ATTACHED PAPERS / my written story - Timeline - EMAILS - HOTELS policy / my review / my STELLAR resume + PRESS w/letters of Recommendation

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. _____

B. _____